

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Kathy</u>	<u>Hochul</u>	
First Name	Last Name	Shield #
<u>Governor of NYS</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>Erie, Buffalo</u>	<u>NY</u>	
County, City	State	Zip Code

Defendant 2:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Erie county commissioner of corrections</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>Erie, Buffalo</u>	<u>NY</u>	
County, City	State	Zip Code

Defendant 3:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Deputy Sheriff of Erie County</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>Erie, Buffalo</u>	<u>NY</u>	
County, City	State	Zip Code

Defendant 4:

<u>John</u>	<u>Doe</u>	
First Name	Last Name	Shield #
<u>Assistant Deputy Sheriff of Erie County</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>Erie, Buffalo</u>	<u>NY</u>	
County, City	State	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: Erie County Holding center/Echo Dom/Foxcast/echo long

Date(s) of occurrence: on or around August 19<sup>th</sup> 2023 to February 12<sup>th</sup> 2024

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was Arrested abrought tothe EcHC  
on August 19<sup>th</sup> 2023. I Was refused proper  
Higene and Was forced to remain in  
underwear that I was Arrested in for my  
whole time in the ECFC. I then Was given  
a Dinty towel upon my intake at the EcHC on Aug 19<sup>th</sup>/2023  
and again was forced to use towel for  
my full time at the ECFC. I Was given 1 t-shirt  
1 pair pants and was only given Fresh change clothes  
once per week which I've suffered from rashes  
and bump's over my body Due to lack of cleanliness.  
On Echo Dom in the EcHC I've suffered Breathing  
problems Due to windows being full of dust and grime  
windows where left open during winter month and Was not  
givin any blanket to keep warm. the ceiling's in  
Echo Dom in the EcHC Leak rust colored water  
almost daily which made the Air Hard to Breath. the mold  
and mildew in the showers on Echo Dom in the EcHC  
which the water Was cold I was prevented from my  
Daily Higine routine daily. Walls Leak rust colored liquid and  
would Flood floors

ECHC Has made copies of my Legal and personal Mail on several occasions and was forced to agree or not get ANY mail from my Attorney or Any personal mail. All copies made with the ECHC copy machine in fact possess a memory card that stores highly private and case related material. Which is in violation of My rights of Attorney client privilege

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Rashes, bumps on skin, Difficult Breathing at time, Mental Anguish, Anxiety, Depression, Congestion, Stress

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am asking \$3,000,000 in reward Under the circumstances of Cruel and Unusual punishment, Neglect, Blatent Disregard of Attorney client privilege and lack of proper Medical treatment and care. Failure of the Sheriff's Dept. to submit Any or All of Handled in grievances under 5<sup>th</sup>, 8<sup>th</sup> and 14<sup>th</sup> Amendment constitutional Jurisprudence for; Failure to provide a safe, secure, Health environment for detainees. Deliberate indifference, Careless disregard for Religious and Human rights of those detained within City Penal System. Failure to properly supervise, protect, inspect and create a policy or enforce that routinely provides the proper Attention their issues Address. All are Seated in Individual, official capacity Health Prison condition I am also asking 6,000,000 in Punitive Damages.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>4/2/2024</u>	<u>Judith Wesoek</u>	
Dated	Plaintiff's Signature	
<u>Justin</u>	<u>D.</u>	<u>Wesoek</u>
First Name	Middle Initial	Last Name
<u>750 Beebe Rd.</u>	<u>P.O. Box 800</u>	<u>9300 Lake Avenue, Braxton</u>
Prison Address		
<u>Chautauqua</u>	<u>NY</u>	<u>12458 14716</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

## IV. DEFENDANT INFORMATION.

Defendant 5:

John  
first name

Doe  
last name

Erie County Holding center Maintenance Dept.  
current job title

current work address

Erie, Buffalo  
county, city

NY  
state

zip code

Defendant 6:

John  
first name

Doe  
last name

Erie county Holding center plumbing Dept.  
current job title

current work address

Erie, Buffalo  
county, city

NY  
state

zip code

Defendant 7:

John  
first name

Doe  
last name

Erie county Holding center Dorm Deputy  
current job title

current work address

Erie, Buffalo  
county, city

NY  
state

zip code

Defendant 8:

John  
first name

Doe  
last name

Erie County Holding center Health and safety Dept.  
current job title

Erie, Buffalo  
current work address  
county, city

NY  
state

zip code

## IV. DEFENDANT INFORMATION

Defendant 9:

John Doe  
First name Last name  
Grievance Coordinator  
Current job title

Current work address

Erie, Buffalo NY  
County, City State Zip code

Defendant 10:

John Doe  
First name Last name  
Law Library of Erie County Holding center  
Current job title

Current work address

Erie, Buffalo NY  
County, City State Zip code

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Justin

D

Wesolek

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Erie County Holding Center ICN#143453/24B0652

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

9300 Lake Avenue P.O. Box T Brocton, NY 14716

Current Place of Detention

Lakeview Shock 9300 Lake Avenue, Brocton, NY, 14716

Institutional Address

Chautauqua

NY

14716

County, City

State

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced prisoner
- Other: \_\_\_\_\_

Justin Wesolek

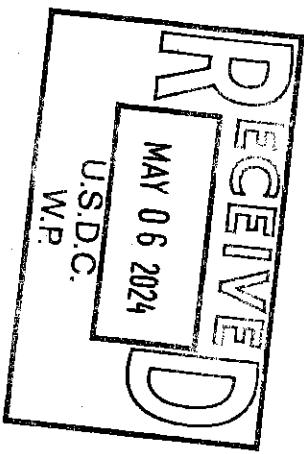
D#24B0652

9300 Lake Ave

Bronx, NY 14716



7019 2280 0001 2422 9535



Clerk of Court U.S. District Court  
Charles L. Bryant Jr.  
300 Quarropas St.  
White Plains, NY 10601